

Dental Hygiene Student Competence and Comfort in Treating Transgender Patients

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Introduction

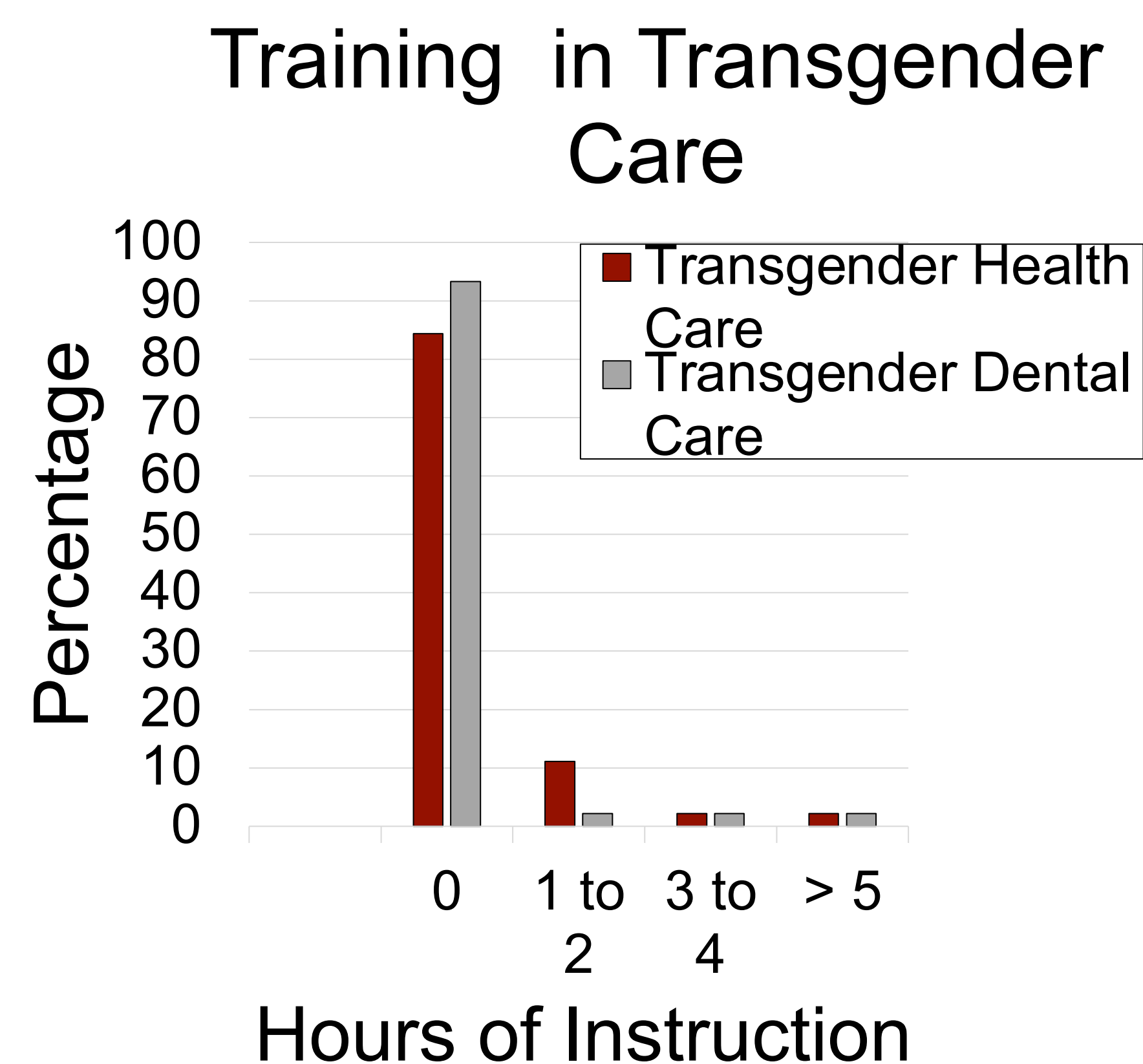
Transgender individuals face barriers to healthcare such as harassment, violence, and stigmatization resulting in health disparities in this population. (Stroumsa, 2014).

Stigmatization in healthcare is a barrier stemming from lack of provider preparation to care for transgender patients (Romanelli & Hudson, 2017). This is the single largest factor preventing transgender individuals' access to care (Safer et al., 2016). Transgender individuals seek dental care less frequently than cisgender individuals due to negative experiences in the healthcare environment.

The purpose of this study was to determine the effectiveness of an educational workshop on dental hygiene student competence and comfort levels in treating transgender patients. Results of this study answered the research question, "How do competence and comfort in treating the transgender patient change after dental hygiene students participate in an educational workshop about transgender patient care?"



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Methods

The study was granted exempt status from the IRB at Texas Woman's University and A.T. Still University. A convenience sample of entry-level dental hygiene students enrolled in a Baccalaureate degree dental hygiene program (n=45) was used to measure the effect of a workshop about transgender health care on dental hygiene student competence and comfort in treating transgender patients.

Participants completed an adapted version of the Assessing Medical Attitudes Toward Transgender Healthcare survey online before attending an educational workshop about transgender health care. Participants completed the same survey 2 weeks after attending the workshop. The workshop focused on health disparities and barriers to care, appropriate terminology, and effective communication techniques to support competence in providing care to transgender patients.

Results

A Wilcoxon signed-rank test was used to determine if there was a statistically significant difference in median scores between dental hygiene student pre-and post-intervention competence and comfort in treating transgender patients.

Scores for all competence and comfort questions increased from pre-test to post-test, $p < .001$. There was a statistically significant increase in overall competence from pretest ($Mdn=1.6667$) to posttest ($Mdn=3.0000$), $z=5.373$, $p < .001$ and a statistically significant increase in overall comfort from pretest ($Mdn=3.0000$) to posttest ($Mdn=8.8000$), $z=4.799$, $p < .001$.

Findings support the alternative hypothesis which states there is a difference between dental hygiene student pre-and post-test educational workshop measurements of competence and comfort in treating transgender patients.

Discussion

The transgender population is experiencing growth and increased visibility. Changes in health-care laws are improving access to care by reducing discrimination and increasing the number and types of services covered by health insurance (Dubin et al., 2018). Education is a principal method of addressing barriers to care and health disparities in the transgender population. Clinical competency hinges on health-care providers' attitudes, knowledge, and skills (Dubin et al., 2018).

Conclusion

Dental hygiene student competence and comfort levels in treating transgender patients increased after students participated in an educational workshop about caring for transgender patients. The results of this study indicated that instructing dental hygiene students about how to care for transgender patients can be an effective method of increasing awareness of the unique needs of this population and comfort in treating transgender patients.

References

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